

① Cost per pt. — <sup>Ont. average</sup> ~~home care~~ <sup>1962</sup> — daily visit — \$3.59.  
fee — \$4.50. (about 1 hr.)

SCIENCE & MEDICINE DEPT.

Get costs of Toronto Home Care  
program — Dr. Pequegnat.

K.O.N. — Has assisted in development of Home care  
programs — B.C. — including home making.

A BRIEF

Some pts. will not  
submit to means  
test & inquiry of  
Welfare Officer — (unless  
they had already been  
subjected to this in  
connection with some  
other form of relief, or  
welfare service).

to

THE MEDICAL SERVICES INSURANCE ENQUIRY

PROVINCE OF ONTARIO

Submitted by

VICTORIAN ORDER OF NURSES (ONTARIO)

34 Prince Arthur Avenue, Toronto, Ontario

December, 1963

Home care

Drugs & appliances —

spectacles }  
teeth }  
protheses }

med. indig. & other indig. group

Health personnel — pro. therapists.

- nurses.
- nursing assistants.
- Technicians, all types.







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VICTORIAN ORDER OF NURSES (ONTARIO)

A BRIEF TO THE MEDICAL SERVICES INSURANCE ENQUIRY, PROVINCE OF ONTARIO

SUMMARY AND RECOMMENDATIONS

1. The Victorian Order of Nurses believes that the provision of visiting nursing care in the home is an essential part of comprehensive medical care and its provincial association is intensively interested in participating in plans to provide this service throughout Ontario. It is recognized that the purpose of the Act (Bill 163) respecting medical insurance is to provide physicians' services but we submit the following for your attention and consideration:

THAT the benefits under the Act be extended to include payment for visiting nursing services for patients who the attending physician believes can be adequately cared for in the home.

2. As a voluntary agency with over 60 years experience in providing visiting nursing service in Canada, the Order believes this service could be expanded in co-operation with other health agencies. It has administrative and supervisory facilities, and experience to ensure quality of care. It suggests as possibilities:

1. Further development in its present branches.
2. Organization in areas with sufficient population and sufficient need to warrant the service.
3. Demonstration of new services.
4. Provision of nursing care through contractual arrangements if home nursing care was considered as a part of a comprehensive medical care plan or an extension of hospital insurance.





3. A prepaid plan for visiting nursing could facilitate the early discharge from hospital of many patients if the doctor was assured of continuing nursing care in the home. Chronic illness in all age groups is increasing, particularly in the group over 65 years, and it is usually of longer duration. Much can be done to:

(a) prevent invalidism through rehabilitative nursing techniques;

and

(b) assist persons with degenerative conditions to lead satisfying lives.

4. We note Bill 163 emphasizes the curative aspects of illness, while the Victorian Order of Nurses, on the other hand, gives equal emphasis not only to the promotion and improvement of health, but to all aspects of the prevention of disease. We, therefore, further recommend:

THAT items 1 and 6 in Schedule "A" under "Exceptions" be deleted.

5. We attach for your information, a general summary of the Order, its organization, its plans, the services it is giving, and its objectives. As a national visiting nursing organization with flexible policies, with facilities and experience, the Order would be willing to undertake any type of project aimed at improved patient care in the home.



## INFORMATION ON THE OPERATION OF

## THE VICTORIAN ORDER OF NURSES IN ONTARIO

## OBJECTIVES

1. The Victorian Order of Nurses is a national voluntary, public health nursing organization, whose primary function is to provide skilled nursing care to patients in their homes on a visit basis, to give instruction in the care required by the patient between visits and to combine with this care, health teaching to the patient and family. Wherever a branch is organized, service is available to all age groups, regardless of race, creed or financial status, for any type of illness, acute, chronic or convalescent and for maternity and newborn patients.
2. In addition to its primary function, other services have been developed in many branches including group teaching, such as classes for expectant mothers and part-time occupational health service to small industries. The Order has consistently met all requests for the establishment of branches in areas where there is a need and financial support.
3. In planning a program for any community, it is the objective of the Victorian Order to offer a nursing service best fitted to meet the needs of the area. The program is planned in consultation with the proper local and provincial health authorities, and is carried on in co-operation with hospitals and other health and social agencies both official and voluntary. The strength of the organization is that a high level of standards and policies is maintained on a national basis.



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## ORGANIZATION

4.           The conduct of the affairs of the Victorian Order is the responsibility of boards of management at national, provincial and local levels, members of which are citizens serving in a voluntary capacity. This citizenship participation in the affairs of the Order has been invaluable in the interpretation and development of the service throughout the years and is a fundamental principle of the organization.
5.           In Ontario the fifty-seven branches of the Victorian Order serve areas containing over 4,360,000 persons, or 72% of the entire population of the Province. While each branch is autonomous and wholly responsible for financing the program in the local area, it accepts the over-all policies and standards of service of the national organization.
6.           In 1954 a provincial corporation was formed in Ontario for the purpose of assisting in the development of visiting nursing services in the province and to co-ordinate the activities of the branches in the province by assisting them in matters of mutual interest and by representing them in their relations with provincial government departments.
7.           The affairs of the provincial branch are managed by a board of management composed of: a representative(s) from each branch employing eight or more nurses; a representative from the board of management of the national organization; a representative from each of the eleven territorial divisions in the province to represent the branches located in the division employing less than eight nurses; and three nurse representatives, two of whom are elected by the nurses in Ontario and the third being the district director of the Toronto branch.





8. Because of the large number of branches in Ontario, two years ago national office established a regional office in Toronto. It has proven valuable in facilitating communications between the regional directors and the lay and professional members from Victorian Order branches, as well as the personnel of other health and welfare agencies. As a result of joint planning with members of the Ontario branch, the office also serves as a provincial office.

#### SERVICE

9. The provision of visiting nursing care for patients in their own homes has, for many years, and in many countries, been considered an essential community service. Where service is available, some patients may be discharged from hospital at an early date because the care they still require can be given at home. Other patients who may eventually require institutional care can be maintained in the community for a longer period. Many patients who do not require hospital treatment may be cared for entirely at home.
10. All patients receiving service from the Victorian Order of Nurses are under the care of a physician. The need of the patient for care is the basis for determining the amount of service given. Service is available 24 hours a day, 7 days a week, although visits at night and on Sundays and holidays are limited to acutely ill patients or emergencies. Visits may be given as often as once or twice a day or as seldom as once or twice a month. A patient may be visited only once or may receive care over a period of several years.
11. In 1962, in Ontario, a nursing staff of 323 made a total of 532,612 visits to 56,029 patients. An analysis of the service given in





1962 indicates that while the service was used by all age groups, for a wide variety of types of illness and by mothers and babies, the majority of visits (77% or 409,008 visits) were made to give nursing care to 21,649 patients with medical or surgical conditions. Patients in the age group of 70 years and over accounted for 45% of the patients and 58% of the visits in the medical and surgical category.

12. While in the communities served by the Ontario branches of the Victorian Order, service is available to all age groups, it would appear that it is being used most extensively by patients in the older age group with chronic or long-term illness and is not being used to its fullest extent by either this or other age groups. As in other parts of Canada, prepayment for hospital care is, without doubt, affecting the requests for care in the home, even when it is desirable, because of the cost to the patient, although a number of services may be required to adequately care for the patient at home, the provision of nursing care is considered to be one of the essentials. Lack of knowledge of the services available and of the rehabilitation possibilities for patients in the use of the service, make it necessary to carry on continued interpretation to physicians, families and community agencies.

#### MAINTENANCE OF STANDARDS OF CARE

13. The nursing service of the Victorian Order is administered and provided by personnel who meet the professional standards established by the national organization. Preparation in public health nursing is preferred for all staff employed because of the teaching aspects of a visiting nursing program, and the skills required for working in the community. Nurses without this preparation are assisted through in-service





education programs in learning some of the necessary skills, but they are urged to secure the additional public health qualification whenever possible.

14.           The national policy of awarding bursaries of \$1,000. to nurses who agree to work in any branch in Canada, has assisted in procuring qualified public health nurses, especially for the smaller branches in Ontario. During 1963, 28 nurses who received national bursaries were assigned to Ontario branches to fulfil their contract of one year's service. In addition, to assist in maintaining a high percentage of qualified staff, six of the larger branches in Ontario awarded bursaries to nurses who agree to return to work in their branches for a period of one year on completing a public health nursing course.
15.           The nurse who goes into the home as a visiting nurse, is nurse, teacher, family friend and confidant. As she gives care to the patient and instruction to the family, as she observes the patient, the home situation and family relationships, she uses opportunities for health teaching and referral to other agencies and offers the family the encouragement and support which is so necessary during an illness.
16.           At the local level all staff are appointed to a branch on the recommendation of the national office and must meet its professional qualifications. While some nurses may be recruited locally, the national office assumes the ultimate responsibility to fill vacancies. Transfer of staff from one branch to another is made through the national office.
17.           In Ontario 227 nurses of the 315 registered nurses employed by the fifty-seven branches, as of January 31, 1963, have public health nursing qualifications. Administrative and supervisory personnel have





additional preparation in supervision and administration in public health nursing and experience in working in various communities. In addition, the Toronto branch employs 8 registered nursing assistants who work under the supervision of the public health nurses. As registered nursing assistants are not qualified to perform the more intricate nursing procedures that are a part of the Order's work and as they are not qualified in the area of prevention of illness, the number that can be employed by the Order is limited.

18. Supervision of the branches in Ontario is carried out by four full-time and one part-time regional directors who are employed by the national organization. They are responsible for the direct supervision of nurses in branches employing less than six nurses and act as consultants to members of the boards and district directors. At the present time four of the district directors have a dual role of acting as a district director or supervisor of a branch and as a regional director for branches in a nearby area. By decentralizing supervision, the regional director is more readily available for consultation with the nurses or board members.

19. Through in-service education programs and national consultant and supervisory services, the Victorian Order maintains a high standard of nursing care. In recent years, with the growing number of patients with chronic or long term illness, institutes in rehabilitation nursing have been conducted across Canada. As a result, Victorian Order nurses have been able to help many of their patients to a more useful and independent life.





## FINANCING

20. Each branch is responsible for its own financing and secures the funds for the operation of the service in the area. The main items of expense include salaries, transportation and office maintenance. The fee for service is based on the average cost per visit for each branch and therefore varies from branch to branch. The method of computing the cost has been prepared by national office and the same formula is used by all branches in Canada. Since service is based on need rather than on the patient's ability to pay, some patients pay full fee, others part and many receive free service. Because the fee is based on the cost, funds must be secured from other sources for visits given at a reduced fee, or free.

1. Revenue

21. In Ontario the funds for the support of the branches are obtained locally through three main sources; fees for nursing service, community appeals and municipal and provincial grants. In 1962 the general operating revenue for all branches in Ontario amounted to \$2,092,536.

(a) Nursing Fees

22. In 1962 nursing fees totalled 34% of the combined receipts of all branches with 53% of the total nursing fees paid directly by patients, 8% received in fees for service paid through various contractual arrangements and 39% received through the Homemakers' and Nurses' Services Act. For years the Victorian Order has sold service to the Department of Veterans' Affairs, Workmen's



Compensation, insurance companies and industries. If bedside nursing care in the home is considered as an extension of hospital insurance or as a part of a comprehensive medical care plan, similar contractual arrangements could be made and would provide for an extension and development of visiting nursing service.

(b) Community Appeals

23. In 1962, 47% of the total combined income of all branches came from various types of community appeals, donations and membership fees.

(c) Grants

(i) Provincial Grants

24. The provincial Department of Public Welfare has given an annual grant of \$80,000. to the Victorian Order of Nurses (Ontario) since 1955. This grant is distributed in the following manner:
- approximately \$2,000. is retained for the provincial branch's expense
  - \$25,000 is forwarded to the national organization in partial support of the services provided to the Ontario branches
  - the balance is distributed to the branches on a per visit basis to be used for improvement and extension of service.

(ii) Municipal Grants

Municipal grants of varying amounts are received by a number of branches. In 1962 revenue from this source accounted for 12% of the total receipts of all branches.





## 2. Disbursements

25. In 1962 the total disbursements for all branches amounted to \$2,042,473. The greatest item of expense was for salaries, amounting to 79% of the total.

### EXTENSION AND DEVELOPMENT

26. While no new branches have been organized in Ontario since 1958, a number of the branches have extended their services to areas in the municipalities beyond their original boundaries into villages, small towns and townships. Extension of branch boundaries is a sound and practical method of making Victorian Order service available to a greater number of people in Ontario. Many branches are hesitant to expand because of the problem of financing.
27. The two basic requirements for the organization of a branch of the Victorian Order is a need for service and financial support. As the responsibility for the conduct of a branch is taken by a board of representative citizens acting in a voluntary capacity, the interest and support of the community is important.
28. A branch serving several small centres or organized on a township or county or other territorial basis, offers a method of making the service available and at the same time providing a sufficiently large population to support the service.
29. During the past year the Order has been making a concerted effort to reorganize, consolidate and enlarge its branches in Ontario. Seventeen branches have extended their boundaries to serve areas adjacent to the branches, including eight small towns and villages, ten complete





townships (Townships of Toronto, Chinguacousy, Sarnia, Muskoka, London, Burford, North Dumfries, Markham, Woolwich and Sandwich West) and the area twenty-five miles to the north of Kingston.

30. Since the beginning of 1963 the following branches have been combined; Fort William and Port Arthur branches into the Lakehead branch, Kitchener and Waterloo branches into the North Waterloo branch and Hespeler and Preston branches into the Preston-Hespeler branch.
31. The four branches in Metropolitan Toronto, the provincial branch and national office are carrying out an intensive study to determine whether the services now being provided by these branches could be given more efficiently by a reorganization.
32. The amalgamation of branches has resulted in not only an improved service, but in some instances a more economical method of providing the service.

#### HOSPITAL REFERRAL PROGRAMS

33. Twenty-six of the Victorian Order branches in Ontario have developed hospital referral programs. Such programs provide for the referral of patients requiring continuing nursing care on discharge from hospital. A nurse from the Victorian Order acts as the liaison between the hospital and the community. She interprets the service to the physicians, nurses and other workers in the hospital and assists in assessing the suitability of the patient for care at home through her knowledge of the home and of the availability of other community services which may be required. The establishment of referral programs has resulted in a greater use of the Order's service.



## HOME CARE PLANS

34. There are eight home care plans in Canada, two of which are in Ontario. The Victorian Order of Nurses is providing the home nursing care in seven and the nursing co-ordinator in three. In the two newest programs, one of which is in Ottawa, the local branch of the Victorian Order of Nurses is administering the program. The value and necessity of bedside nursing care in the home is being demonstrated in these projects and the Order would be prepared to participate and give consultant service to assist in the inauguration of other home care plans which might be undertaken.

## DEMONSTRATION OF NEW SERVICES

35. As a voluntary agency, one of the roles of the Victorian Order in the health field, is to experiment in the provision of new services, the value of which may need to be proven before including them in the regular program. For example, the Victorian Order has conducted experiments in the employment of a consultant physiotherapist and in the use of nursing assistants in a visiting nursing program. More recently Toronto branch has employed two male registered nurses to meet the special needs of male patients. In three branches in another province housekeeping services are being provided through the Victorian Order.
36. Although the needs might be quite different, the Order would have the experience to investigate and initiate other projects.



